

STATE EMPLOYEE RACE/ETHNICITY QUESTIONNAIRE

(For All New Hires and Rehires)

SPB 1070, State Employee Race/Ethnicity Questionnaire (5/03)

DATE:

INSTRUCTIONS:

All new/rehired employees are requested to voluntarily self-identify their race/ethnicity and gender in order to monitor and evaluate the provision of equal employment opportunity and non-discriminatory employment practices within the State civil service. If you do not provide this information, the department will make the designation for you based on visual identification. Complete the form promptly and return it to your Department Personnel Office with your other hiring documents. (Do Not Return to the State Personnel Board)

DEPARTMENT NAME	EMPLOYEE'S NAME <i>(print)</i>	SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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Please check one or more of the boxes below that best describes your race/ethnicity heritage and enter the indicated letter(s): _____

If Hispanic check below:

Racial Groups

If Asian, check below:

If Pacific Islander, check

[Note: Hispanic does not include persons of Portuguese or Brazilian origin or persons who acquire a Spanish surname.]

E. ☐ WhiteI. ☐ JapaneseP. ☐ HawaiianF. ☐ Black/African AmericanJ. ☐ ChineseQ. ☐ SamoanA. ☐ Mexican, Mexican/American, ChicanoG. ☐ FilipinoK. ☐ KoreanR. ☐ Guamanian/
ChamorroB. ☐ Puerto RicanH. ☐ American Indian/Nat AmericanL. ☐ VietnameseT. ☐ Other Pac IslanderC. ☐ CubanN. ☐ EskimoM. ☐ Asian IndianD. ☐ Any Other Spanish/HispanicO. ☐ AleutS. ☐ Other AsianX. ☐ Other Racial Group

Please check the method of identification

☐ Self-identification
☐ Department Identification [This is only used if the employee does not self-identify.]

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS STATEMENT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE.

EMPLOYEE SIGNATURE

DATE

SIGNATURE OF DEPARTMENT REPRESENTATIVE
APPROVING EMPLOYEE IDENTIFICATION

DATE

PRIVACY STATEMENT

AGENCY NAME:

The State Personnel Board is responsible for this form.

UNIT RESPONSIBLE
FOR FORM MAINTENANCE

The Personnel Office of the employing department is responsible for maintaining this form.

AUTHORITY

Collection of race/ethnicity and gender information on state employees is authorized pursuant to Government Code Section 19792(h), which requires the State Personnel Board to "Maintain a statistical information system designed to yield the data and the analysis necessary for the evaluation of equal employment opportunity programs in the state civil service."

The data is encoded by the department Personnel Office and becomes part of the Employment History System kept by the State Controller's Office. It is shared only with the State Personnel Board and the employing department and may be used only for statistical purposes in evaluating the extent to which the state is complying with state and federal equal employment opportunity and non-discrimination requirements.

EFFECT OF NOT PROVIDING
THE INFORMATION

If you fail to self-identify, another method of identification will be used by the State Personnel Board, since Government Code Section 19792 requires the collection of race/ethnic origin for all employees.

SOCIAL SECURITY NUMBER

Providing your Social Security Number is voluntary in accordance with the Privacy Act of 1974 (PS 93-579). If you do not provide your Social Security Number, however, your race/ethnicity and gender information may not be accurately tabulated and included in your department's workforce statistics.

ACCESS

You may access your records through your departmental Personnel Office.